

ADMINISTERING MEDICATION

(Prescription/Non-prescription)

TO STUDENTS

Medications should be administered at home whenever possible. If it is necessary for a student to take any medication (prescription/non-prescription) at school or during a school-sponsored activity, the district shall do so in accordance with state law and district guidelines.

The School District of Jefferson will administer medication in accordance with Wisconsin State Statutes 118.29, 118.291, 118.292 and Wisconsin Administrative Code PI 8.01 (2) (g).

Medication administration shall be authorized in writing by the Superintendent, building principal or school nurse to any school employee with proper training, supervision and evaluation as defined by Wisconsin Administrative Code N. 6.01 and DPI training criteria. Determining such individuals will be the joint responsibility of the building administrator and the school nurse.

The school nurse or building administrator shall be responsible for overseeing the receipt of the written medication instructions and consents, the maintenance of complete and accurate medication administration records, the proper storage of medications, and the disposal of outdated medications and unused medications in accordance with District procedures.

No school employee, except a health care professional, may be required to administer medication to a student by any means other than oral ingestion.

Stock emergency medications, including epinephrine and naloxone, may be obtained and administered by trained school personnel to a student or other person who is believed in good faith to be experiencing an emergency requiring either of these medications, in accordance with District guidelines and approved by the medical advisor. In such instances in which these medications are given, 911 shall be called as soon as practical.

No District policy or procedure shall be interpreted to limit or detract from the immunities and other limitations on liability available under the law to nurses and other persons who engage in or assist with the administration of medications to students.

ADOPTED: April 30, 1990

REVISED: July 23, 1990 December 17, 1990 July 25, 1994 November 25, 2002 June 24, 2013 June 4, 2018
July 8, 2019

LEGAL REF.: Wisconsin Statutes: 118.29 118.291

CROSS REF.: JHCA-R, Guidelines for Administering Medication to Students
JHCA-E(1), Administering Medication to Students
JHCA-E(2), Student Medication Record
JHCA-E(3), Staff Authorization to Administer Medication
JHCA-E(4), Notice to Parents/Guardians Regarding Medication Administration to Students at School or During a School-Sponsored Activity
JHCA-E(5), Food Allergy Action Plan
JHCA-E(6), School Asthma Care Plan
JHCAA, Stock Epinephrine
JHCAB, Administration of Naloxone (NARCAN)
IGDE, Field Trips – Single Day
IGDEC, Field Trips – Extended/Overnight

REVIEW DATE: July 8, 2019

GUIDELINES FOR ADMINISTERING MEDICATION TO STUDENTS

I. Definitions

- A. Prescription Medication: A substance recognized as a drug defined in Wis. Stat. 450.01 (1)(10) (a-d). This statute defines drugs as: Any Substance recognized in the official U.S. Pharmacopoeia and national formulary of Homeopathic Pharmacopoeia of the U.S. or any supplemental publication of these references. Any substance involved in the diagnosis, cure, mitigation, treatment or prevention of disease or other conditions in people. Any substance other than a device or food intended to affect the structure or function of the body of the person. Any substance which is intended for the use or consumption in or for the mechanical, industrial, manufacturing, or scientific application or purposed.
- B. Non-prescription Medication: Those non-narcotic drugs which can be obtained over the counter, without a prescription for use by consumers and labeled in accordance with the requirements of state and federal law.
- C. Prescribing Health Care Practitioner: A licensed physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist.
- D. Controlled Substances: Those drugs which are defined and regulated by the Uniform Controlled Substances Act of 1970.

II. Training of Designee

The school nurse, in collaboration with a school administrator, has the authority to authorize medication administration to a school employee in compliance with Wisconsin State Statute 441.06(4) and Wisconsin Administrative Code N 6.03(3) if the following are met:

- A. The task must be commensurate with the education, preparation, and demonstrated abilities of the designee.
- B. The school nurse will provide direction (training) and assistance to the designee for all medications, including oral medications. DPI-approved medication training is required for medication administered via inhaled, injectable, gastrostomy, jejunostomy, intranasal, buccal and rectal routes of medication administration.
- C. The designee must submit verification of completion of the DPI training to the school nurse and complete a hands-on competency skill testing before being allowed to administer any medication in a route other than oral. Staff training will occur at a minimum every two years or as defined by Wisconsin Department of Public Instruction (DPI).
- D. School personnel will be informed on a need-to-know basis when a student is taking medication for serious or chronic health conditions so that they can observe for side effects to the medications.
- E. All school personnel authorized to administer medications to students shall receive a copy of these procedures.
- F. No school personnel, other than health care professional, shall be involuntarily required to administer medications to students by any means other than ingestion.

III. Consent to Administer

A. Prescription Medications

Except for the specific emergency situations identified below, authorized school personnel will administer a prescription drug to a student only if all of the following conditions are met:

1. The school has received written consent from the student's parent(s) or guardian(s) for designated school personnel to administer medication to the student in the dosage prescribed by the health care practitioner.
2. The school has received written instructions from the student's health care practitioner regarding administration of the prescribed medication. These instructions shall include the medication name, dose, route, frequency, time/conditions, duration and the health care practitioner's name and contact information. Where applicable or where requested by school personnel, such instructions may also include relevant precautions, information about possible reactions and/or interventions, and the circumstances under which the health care practitioner should be contacted.
3. The prescription medication is supplied to the school in the original pharmacy-labeled package and it specifies the name of the student, the name of the prescriber, the name of the prescription drug, the dose, the effective date, and the directions in a legible format.
4. The school personnel designated to administer the prescription medication has received authorization from building administrator or school nurse and has completed required training.

B. Administration of Stock Epinephrine or Naloxone by School Personnel in Emergency Situations

School personnel who have been authorized to do so in writing and who have received all state-mandated and any District-required training may administer epinephrine to any student or other person who appears to be experiencing a severe allergic reaction if, as soon as practicable, the person administering the drug reports the allergic reaction by calling 911.

School personnel who have been authorized to do so in writing and who have received all state-mandated and any District-required training may administer an opioid antagonist to any student or other person who appears to be undergoing an opioid-related drug overdose if, as soon as practicable, the person administering the drug reports the drug overdose by calling 911.

C. Administration of Non-prescription (Over-the-Counter) Medications

Authorized school personnel will administer nonprescription drug products to a student only if all of the following conditions are met:

1. The parent or guardian has provided the appropriate school personnel with written consent and instructions.
2. The nonprescription medication is supplied by the student's parent or guardian in the original manufacturer's package, and the package lists the ingredients and recommended therapeutic dose in a legible format. School staff will not administer non-prescription medication to a student that exceeds manufacturer's recommended dose unless written authorization has been provided by the student's prescribing practitioner.

3. Food supplements and natural products (e.g., CBD containing products and essential oils) shall not be given in the school setting unless recognized by the U.S. Pharmacopoeia and National Formulary of Homeopathic Pharmacopoeia.

Parents/guardians may come to school to administer food supplements and natural products.

IV. Self-Administered Medication

- A. Students with asthma may possess and self-administer metered dose inhalers or dry powder inhalers for the purpose of preventing or alleviating the onset of asthmatic symptoms. The student must have on file in the school record written approval from the student's physician and, if the student is a minor, the written approval of the student's parent or guardian.

Students with known allergies may possess (carry) and use an epinephrine auto-injector (e.g. EpiPen) for the purpose of preventing the onset or alleviating the symptoms of a life-threatening allergic reactions. The student must have on file in the school records written approval of his/her physician and, if the student is a minor, written approval of the student's parent or guardian.

When providing the required approvals to building administrators for students to possess and use inhalers or epinephrine auto-injectors, parents and guardians and physicians should consider the student's knowledge of his/her medication and his/her ability to use the inhaler or epinephrine independently. If the physician or parent or guardian determines that is appropriate to have assistance for school personnel in administering the inhaler or epinephrine auto-injector medication to the student in an emergency or non-emergency situation, the medication must be administered in accordance with the procedures outlined above for the administration of prescription medication.

- B. Students in grades EC-8 may not self-administer non-prescription medication while at school or during a school-sponsored activity with the exception of cough drops. Cough drops must be brought to school in the original container and may not be shared with other students. Students must notify the school office upon their arrival that they have cough drops in their possession.
- C. Responsible 9th-12th grade students, as determined by the parent, school nurse, and administrator, may possess and self-administer non-prescription medications as long as written approval from the parent or guardian is on file in the school office. Students are not allowed to self-administer prescription medication with the exception of emergency medication such as inhaler, insulin and epinephrine auto-injector (epi-pen), and medications for students in grades 9-12 on overnight school-sponsored trips.
- D. Responsible students in grades 9-12, as determined by the parent, school nurse and administrator, may carry and self administer their own prescription and non-prescription medications while on overnight trips. Factors to consider include the type of medication, the reason for the medication, the age of the student, and the responsibility of the student. Students are not allowed to carry or self-administer medications that are designed as controlled substances. An "Authorization to Carry and Self Administer Medication" form must be completed by the parent or guardian for all medications. Written approval from the student's physician and student's parent or guardian must be on file in the school record for all prescription medication being brought on the trip. Written authorization from the student's parent or guardian is required for non-prescription (over-the-counter) medications brought on the trip. Only enough medication to last the duration of the trip should be sent with the student. The student shall keep the medications in a safe place.
- E. At no time is a student allowed to share medication with another student.

V. Medication Storage and Transport

Medication in the District's possession will be stored in a secure location. Medication which needs to be accessible to the student will be stored in an appropriate location per student need (i.e., emergency medications). Medication will be stored to maintain quality (i.e., refrigeration).

At no time shall any student be allowed to possess or transport a controlled substance (i.e., Ritalin, Tylenol with codeine) while at school. It is the parent/guardian's responsibility for safe transport of **all** medication (prescription and non-prescription) to the school office for medication that school staff will be administering.

For field trips and other co-curricular or extracurricular activities held off school premises, student medication will be stored in a secure location determined appropriate by the activity supervisor, keeping in mind the manufacturer's or health care practitioner's storage instructions.

The parent/guardian will pick up unused portions of medication within seven days after the completion of the school year or when medications have been discontinued during the school year. After written/verbal notification, medications will be destroyed.

VI. Recordkeeping

- A. The school nurse is responsible for maintaining written records of the school personnel who have been authorized to administer medication to students and of the documentation of staff completion of all required training courses (including the dates on which such training occurred).
- B. Upon receipt of the student's medication at the school, school personnel will document the date of receipt, the type of medication, and verify the amount of medication supplied to the school. The person receiving the medication shall ensure that the student's name is affixed to the package of any nonprescription product.
- C. An accurate individual student medication administration log will include:
 - demographic data such as name, level/grade, school year;
 - medication name, dose, date/time given;
 - a signature of person administering;
 - dose changes with date and signature of designee;
 - appropriate documentation of medication (completed immediately after the administration to the student) to assure accuracy and safety; and
 - appropriate documentation of any medication errors (must be completed immediately). A Medication Administration Incident Report should be completed along with notification of parents, school nurse, and building administrator.

VII. Rights and Responsibilities

Designated school personnel have the responsibility to:

- See that the medication is given within 30 minutes before or after the time specified by parent and practitioner.
- Maintain the medication administered at school in a secure place which also maintains medication quality (i.e., refrigeration for liquid antibiotics).
- Report to the school nurse any dose changes, inconsistencies, or medication side effects.
- Document all medication administered or reason medication may not be administered (absent, refusal, no meds at school) and notify school nurse.

- Report errors and or missed medications to the school nurse immediately.

Designated school personnel will refuse to administer medication to students when the medication administration procedures as described in Section III above have not been completed.

The professional school nurse has the responsibility to:

- Review medications and any changes in medications administered at school.
- Use professional judgment in carrying out the policy.
- Provide training, supervision, and evaluation of the administration of medication in the school.
- Maintain records of staff completion of medication administration training as outlined by DPI.

VIII. Distribution of Policy and Liability Waiver

- A. All school employees who are authorized to administer drugs to a student will have access to this policy and will be advised that pursuant to the provision in Wisconsin State Statute 118.29, they are immune from civil liability for any acts or omissions in administering a drug or prescription drug to a student in accordance with this policy unless the act or omission is found by a court to constitute a high degree of negligence.
- B. The district administrator or any school principal who authorizes an employee to administer a drug or prescription drug to a student is immune from civil liability for the act of authorization unless it constitutes a high degree of negligence.

7/8/19

ADMINISTERING MEDICATION TO STUDENTS

(Please return to your child's school)

Student Name _____

Practitioner's Name _____

Date of Birth _____ Male _____ Female _____

Practitioner's Address _____

School _____

Parent/Guardian _____

Practitioner's Phone _____

Home Phone _____ Work Phone _____

Practitioner's Fax _____

.....
To Parent/Guardian/Practitioner:

In accordance with state law, school personnel may give prescription medication to students only with complete directions from a practitioner and signed consent by the student's parent/guardian. School personnel may give non-prescription medication to students only with directions and signed consent from the student's parent/guardian. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any container or package other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education, its agents and employees from any and all liability which may result from taking this medication.

.....
If prescription medication is to be administered at school or during a school-sponsored activity, the following information must be completed by the student's practitioner and signed by both the parent/guardian and practitioner. If non-prescription medication is to be administered, the following information must be completed and signed by the student's parent/guardian.

Medication _____

Dosage _____

Frequency _____

Start Date _____

End Date _____

Form: _____ Tablet/Capsule _____ Liquid _____ Inhaler _____ Nebulizer _____ Injection

_____ For episodic emergency events only _____ Other _____

Time(s) to be given _____

Reason for this medication _____

If given on an "as needed" basis, please describe _____

Special instructions _____

Side effects (expected or predictable) _____

*Emergency Medications (inhaler, glucagon, insulin, epipen) student to self-administer/carry _____ Yes _____ No

.....
Parent/Guardian Signature: _____ Date: _____

(Signature required for prescription and non-prescription medication)

***As the authorizing physician, I am willing to accept direct communication from
the person dispensing and administering the above medication.***

Practitioner's Signature: _____ Date: _____

(Signature required for prescription medication only)

STUDENT MEDICATION RECORD

STUDENT _____ DATE OF BIRTH _____ SCHOOL _____

MEDICATION _____ DOSE _____ SCHEDULED TIME _____

DATE OF ORDER _____ PRACTITIONER'S NAME _____ TEACHER/GRADE _____

Use one sheet per medication. Write time and initials when medication is given or indicated with appropriate code. Initials indicate that the medication was given as ordered, without difficulty. Sign and date at bottom only once to identify initials. Comments are to be written on back of form.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															

Signature Person Administering

Initials

Codes

A = Absent	E = Error, see back page
X = No School	O = Other, see back page
N = No medication	R = Refused, see back page
1 Box = 0.5 Nursing Units	

E = Medication error: Include reason for error. Contact Administrator and Nurse
O = Other concern. Describe in comment section.

Date Time

COMMENTS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STAFF AUTHORIZATION TO ADMINISTER MEDICATION

In accordance with Wisconsin Statute 118.29(2), you are hereby authorized and directed to administer medication to students following the procedures outlined in JHCA-R. A copy of JHCA-R is attached for your review.

Please be informed, also, that Section 118.29(2) provides you with immunity from civil liability for acts or omissions in administering non-prescription or prescription medication to a student unless the act or omission constitutes a high degree of negligence.

As the authorized personnel assigned to administer medication to students in my appointed building, I understand and will abide by the current administration policy and procedure of the School District of Jefferson.

DESIGNEE'S SIGNATURE_____ INITIALS____ DATE_____

BUILDING ADMINISTRATOR'S SIGNATURE_____ DATE_____

SCHOOL NURSE SIGNATURE_____ DATE_____

THIS FORM IS TO BE COMPLETED ANNUALLY.

11/25/02

NOTICE TO PARENTS/GUARDIANS REGARDING MEDICATION ADMINISTRATION TO STUDENTS AT SCHOOL OR DURING A SCHOOL-SPONSORED ACTIVITY

If possible, please arrange for your child to take medication outside of school hours and outside of school-sponsored activities. Practitioners can often prescribe medications to be given before or after school.

Students in grades EC-12 may not self-administer or carry any prescription medication. However, students in grades EC-12 who need to carry and self-administer certain emergency prescription medication, such as epi-pen, asthma inhaler, insulin, glucagon, may do so if a medication form is completed by the student's practitioner and parent/guardian. The student should keep these emergency medications in a safe place.

Students in grades EC-8 may not self-administer non-prescription medication while at school or during a school-sponsored activity with the exception of cough drops. Cough drops must be brought to school in the original container and may not be shared with other students. Students must notify the school office upon their arrival that they have cough drops in their possession.

Students in grades 9-12 may self-administer oral non-prescription medication while at school or during a school-sponsored activity. In such cases, a medication form shall be completed by the parent/guardian. Oral non-prescription medications must be brought to school in the original container. The student may keep such medication in their locked locker, however, it is highly encouraged that medication be kept locked in the office. Students self-administering non-prescription medication may not provide this medication to other students.

If your child must take medication at school or during a school-sponsored activity, you must provide the following in accordance with School District of Jefferson policy and procedures:

FOR PRESCRIPTION MEDICATION:

1. A parent/guardian **and** the practitioner must fill out and sign a medication form. The written orders from the practitioner must include the **current** name of the medication, amount to be given, reason for taking the medication, time of day to be administered, and side effects of the medication.
2. If the medication is to be administered by school personnel, a pharmacy labeled container (most pharmacists will give you an extra one for school use by asking) with a small amount (1-2 weeks) of medication in it. The label must contain the name and telephone number of the pharmacy, student's name, name of practitioner, name of the drug and the dosage to be given. Parents/guardians should restock and provide safe delivery of medications to school. The school will keep these medications in a locked area in the school office.

FOR NON-PRESCRIPTION MEDICATION:

1. A parent/guardian must complete and turn in to the office a medication form.
2. If the medication is to be administered by school personnel, the medication must be provided to the school by the parent/guardian, in the **original manufacturer's container or package** with the student's name on it. Small containers are encouraged. Parent/guardian instructions may not exceed the recommended manufacturer dosage.

11/25/02

FOOD ALLERGY ACTION PLAN

STUDENT'S NAME: _____ D.O.B. _____

TEACHER: _____

ALLERGY TO: _____

Asthmatic Yes* _____ No _____ *Higher risk for severe reaction

Student Photo

STEP 1: TREATMENT

SYMPTOMS

- If a food allergen has been ingested, but no symptoms:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat** Tightening of throat, hoarseness, hacking cough
- Lung** Shortness of breath, repetitive coughing, wheezing
- Heart** Thready pulse, low blood pressure, fainting, pale, blueness
- Other** _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication:
(To be determined by physician
authorizing treatment.)

___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine

The severity of symptoms can quickly change. **Potentially life-threatening.

DOSAGE:

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3mg Twinject™ 0.15mg

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

Student may carry above medications ___Yes ___No Student may self administer above medications ___Yes ___No

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.

2. Dr. _____ at _____



3. Emergency Contacts:

	NAME/RELATIONSHIP		PHONE NUMBER(S)
a.	_____	1)	_____ 2) _____
b.	_____	1)	_____ 2) _____
c.	_____	1)	_____ 2) _____

Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility!

Parent/guardian signature _____ Date _____
(Required)

**As the authorizing physician, I am willing to accept direct communication from
the person dispensing and administering the above medication.**

Doctor's signature _____ Date _____
(Required)

To Parent/Guardian/Practitioner: In accordance with state law, school personnel may give prescription medication to students only with complete directions from a practitioner and signed consent by the student's parent/guardian. School personnel may give non-prescription medication to students only with directions and signed consent from parents/guardians. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any other container or package other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education, its agents and employees from any and all liability which may result from taking this medication.

TRAINED STAFF MEMBERS

1.	_____	Room	_____
2.	_____	Room	_____
3.	_____	Room	_____
4.	_____	Room	_____

School District of Jefferson

School Board Policy JHCA-E(6)
Guidelines for Implementation

Photo of child

SCHOOL ASTHMA CARE PLAN

Name:	Birth Date:
Teacher:	Grade:
Parent/Guardian:	Cell Phone:
Home Phone:	Work Phone:
Other Contact:	Phone:
Preferred Hospital:	

Triggers: ☐ Weather (cold air, wind) ☐ Illness ☐ Exercise ☐ Smoke ☐ Dog/Cat ☐ Dust ☐ Mold ☐ Pollen
Other: _____

GREEN ZONE: PRETREATMENT STEPS FOR EXERCISE (Health provider please complete section)

- ☐ Give 2 puffs of rescue med (*name*) _____ 15 minutes before activity (Circle indication: Phys Ed class, exercise/sports, recess) Explanation: _____
☐ Repeat in 4 hours if needed for additional or ongoing physical activity

YELLOW ZONE: SICK – UNCONTROLLED ASTHMA (Health provider complete dosing for rescue medication)

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> - Difficulty breathing - Wheezing - Frequent cough - Complains of chest tightness - Unable to tolerate regular activities but still talking in complete sentences - Other: 	<ul style="list-style-type: none"> - Stop physical activity - Give rescue med (<i>name</i>): _____ <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Via spacer <input type="checkbox"/> Other: _____ - If no improvement in 10-15 minutes, repeat use of rescue med: <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Via spacer <input type="checkbox"/> Other: _____ - If student's symptoms do not improve or worsen, call 911 - Stay with student and maintain sitting position - Call parents/guardians and school nurse - Student may resume normal activities once feeling better
- If there is no rescue medication at school : <ul style="list-style-type: none"> • Call parents/guardians to pick up student and/or bring inhaler/ medications to school • Inform them that if they cannot get to school, 911 may be called 	

RED ZONE: EMERGENCY SITUATION (Health provider complete dosing for rescue medication)

IF YOU SEE THIS:	DO THIS IMMEDIATELY:
<ul style="list-style-type: none"> - Coughs constantly - Struggles or gasps for breath - Trouble talking (can speak only 3-5 words) - Skin of chest and/or neck pull in with breathing - Lips or fingernails are gray or blue - ↓ Level of consciousness 	<ul style="list-style-type: none"> - Give rescue med (<i>name</i>): _____ <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Via spacer <input type="checkbox"/> Other: _____ - Repeat rescue med if student not improving in 10-15 minutes <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Via spacer <input type="checkbox"/> Other: _____ - Call 911 Inform attendant the reason for the call is asthma - Call parents/guardians and school nurse - Encourage student to take slower deeper breaths - Stay with student and remain calm - <i>School personnel should not drive student to hospital</i>

INSTRUCTIONS for RESCUE INHALER USE: (HEALTH PROVIDER: PLEASE CHECK APPROPRIATE BOX(ES))

- ☐ Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently
☐ Student is to notify his/her designated school health officials after using inhaler
☐ Student needs supervision or assistance to use his/her inhaler. If not self carry, the inhaler is located: _____
☐ Student has life threatening allergy, the Epi-pen® is located: _____

HEALTH CARE PROVIDER SIGNATURE

PLEASE PRINT PROVIDER'S NAME

DATE

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

PARENT SIGNATURE

DATE

 School Nurse Signature Date ☐ 504 Plan (or) ☐ EP

Copies of plan provided to: ☐ Teachers ☐ Phys Ed/Coach ☐ Principal ☐ Main Office ☐ Bus Driver
☐ Other: _____